

GRANT COUNTY

County Courthouse
P.O. Box 37
Ephrata, WA 98823
(509) 754-6060



HEALTH DISTRICT

1021 W. Broadway
Moses Lake, WA 98837
(509) 766-7960

July 2002

Dear Health Care Professional,

As a health care professional serving Grant County, we are requesting your participation in an information gathering process regarding Hepatitis C. To better understand the issues facing the medical community and residents of Grant County, we are asking area health care professionals to **share their thoughts and experiences** about Hepatitis C through the attached Needs Assessment Survey.

The Hepatitis C needs assessment survey will help identify...

- what current capacity exists in the county to address HCV
- what training needs may exist regarding HCV
- potential barriers to providing HCV services
- local views about the issue of HCV
- goals for future public health activities surrounding HCV

In the Fall of 2001, the Grant County Health District and Grant County Board of Health selected Hepatitis C as priority focus for 2002. As part of that focus the Health District is addressing the issue of local screening for the infection and developing a public awareness campaign on Hepatitis C.

Your participation in this project is **essential** to local Hepatitis C prevention efforts. Your name and individual answers to survey questions are strictly confidential and will not be released at any time. Only totals taken from all people answering the survey will be used to report on Hepatitis C and plan new Hepatitis C activities.

Please return the survey by mail or by fax **on or before August 9th**. A self-addressed stamped envelope is enclosed for your convenience. If you have any questions about this project, please contact Lois Smith at the Grant County Health District 509-754-6060 (1-800-708-6646).

Thank you for your time and assistance.

Dr. Alexander Brzezny
Health Officer

Lois Smith
Communicable Disease Nurse

Peggy Grigg
Personal Health Director

Attachments

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September 2002

Dear Health Care Professional,

In July we mailed out a Hepatitis C assessment survey packet to you. The purpose of the assessment was to **improve understanding of Hepatitis C issues** facing Grant County by gathering information from the perspective of area health care professionals.

We are happy to say that 1/3 of all health care professionals serving the county responded to the survey. We would like to see 50% of all providers respond to the survey, which equates to about **15 additional** survey responses. To improve the quality of the information collected, we are asking you to **consider completing and returning the survey to us by October 1**. If you mailed one back already, thank you and please disregard this reminder note.

If you do not recall receiving an assessment packet and would like us to send you one, please contact us. Copies of the survey can be provided to you by mail, fax, or can be downloaded from the Health District website (www.granthealth.org/hepcsurvey2002.pdf).

We noted in the original cover letter that the assessment will help identify...

- what current capacity exists in the county to address HCV
- what training needs may exist regarding HCV
- potential barriers to providing HCV services
- local views about the issue of HCV
- goals for future public health activities surrounding HCV

Your participation will greatly benefit future efforts to address Hepatitis C in Grant County.

If you have any questions about this project, please contact Mary Ann O'Garro or Lois Smith at the Grant County Health District 509-754-6060 (1-800-708-6646).

Thank you for considering this request.

Mary Ann O'Garro
Assessment Coordinator

Hepatitis C Survey

Please read the following statement:

Completing this survey is VOLUNTARY.

Any information you give on this survey is CONFIDENTIAL.

Please answer ALL THE QUESTIONS to the best of your ability.

If you do not wish to answer a question just skip it and go on to the next one.

Check or fill in all answers that best apply to you and/or your practice.

Please complete and return this survey by August 9, 2002

Call Lois at 509-754-6060 or 1-800-708-6646 if you have questions. Thank you!

Basic Information

Name of Organization or Practice: _____

Your Name: _____ (Optional)

Geographic Location(s) of Organization or Practice:

Zip Code: _____ Zip Code: _____ Zip Code: _____

What is your current position title?

Physician ☐ Physician Assistant ☐ Nurse/Nurse Practitioner ☐ Clinic Manager ☐

Other (please specify) _____

Provision of Hepatitis C Services

1. Which of the following Hepatitis C services do you (or your organization) directly provide?

(Check all that apply)

- ☐ Testing
- ☐ Risk Reduction Counseling
- ☐ Treatment and Disease Management
- ☐ Medical related referrals
- ☐ Educational materials
- ☐ Other _____

☐ None at this time

Knowledge of Hepatitis C

2. If you were asked to provide Hepatitis C services today, how would you rate your (or your staff's) current knowledge of the following:

- a. Risk of Infection/Virus Transmission
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐
- b. Treatment and Disease Management
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐
- c. Testing and Counseling
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐
- d. Medical Referrals
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐
- e. Prevention
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐

Training and Keeping Current on Hepatitis C

3. For each of the following topic areas please indicate whether you or your staff have received training, need training, or need more training to provide Hepatitis C (HCV) services to your patients.

- a. Prevention of HCV/Transmission of HCV
Received Training ☐ Need Training ☐ Received, but Need More ☐ Do not want training ☐
- b. Counseling Guidelines for HCV
Received Training ☐ Need Training ☐ Received, but Need More ☐ Do not want training ☐
- c. Counseling Skills for HCV
Received Training ☐ Need Training ☐ Received, but Need More ☐ Do not want training ☐
- d. Tests and test results (testing) for HCV
Received Training ☐ Need Training ☐ Received, but Need More ☐ Do not want training ☐
- e. Treatment of Chronic Infection with HCV
Received Training ☐ Need Training ☐ Received, but Need More ☐ Do not want training ☐
- f. Medical Referrals for HCV
Received Training ☐ Need Training ☐ Received, but Need More ☐ Do not want training ☐
- g. Other _____
Received Training ☐ Need Training ☐ Received, but Need More ☐ Do not want training ☐

4. Where do you get your current information on Hepatitis C?

(Check all that apply)

- ☐ Internet, television, email, listserves
- ☐ Text books, journals, professional conferences/workshops
- ☐ Centers for Disease Control and Prevention
- ☐ Local public health district/department
- ☐ Other or area medical providers/organizations
- ☐ Staff within your organization or practice
- ☐ Other _____
- ☐ I have not looked for current information

Barriers to Providing Hepatitis C Services

5. Which of the following barriers exist in your organization/practice for providing Hepatitis C services, such as testing, treatment, or medical referrals for Hepatitis C?

(Check all that apply)

- ☐ Time available with client/patient is limited
- ☐ Testing is not available
- ☐ Educational materials are not available for clients/patients
- ☐ My or my staff have limited knowledge or training on Hepatitis C
- ☐ There are no referrals in place to send clients for testing
- ☐ There are no referrals in place to send clients for treatment
- ☐ Clients/patients do not understand the risks of Hepatitis C
- ☐ Clients/patients do not wish to be tested for Hepatitis C
- ☐ Hepatitis C is not a priority in my organization/practice
- ☐ Other _____
- ☐ There are no barriers for me to provide Hepatitis C services

6. How would you rate your (or your staff's) ability to:

- a. Identify patients at risk for HCV
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐
- b. Counsel patients at risk for HCV regarding being tested
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐
- c. Counsel patients on risk reduction regarding HCV
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐
- d. Counsel patients on treatment and disease management for HCV
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐
- e. Make medical related referrals for HCV
Poor ☐ Fair ☐ Good ☐ Excellent ☐ Not part of my job ☐

Testing for Hepatitis C

7. In the past 12 months, have you requested Hepatitis C testing for any of your patients?

Yes ☐ No ☐ Unsure ☐

8. If you were to estimate the number of patients for which you requested Hepatitis C testing, that number would be closest to:

(In the past 12 months)

0 ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30 or more ☐ Unsure ☐

9. In the past 12 months, have you referred any patients to another resource for initial Hepatitis C testing?

Yes ☐ No ☐ Unsure ☐

10. If you were to estimate the number of patients you referred to another resource for initial Hepatitis C testing, that number would be closest to:

(In the past 12 months)

0 ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30 or more ☐ Unsure ☐

11. What do you view as the biggest barrier to increasing screening and testing of individuals at risk for Hepatitis C?

(Check all that apply)

- ☐ Being able to identifying individuals who are at risk for Hepatitis C
- ☐ My or my staff's limited knowledge or training on Hepatitis C
- ☐ Patients do not ask to be tested for Hepatitis C
- ☐ Limited options for those who have Hepatitis C status
- ☐ Insurance coverage for Hepatitis C testing and other services
- ☐ Lack of time to do pre and post test counseling
- ☐ Other _____

☐ There are no barriers to increasing screening and testing for Hepatitis C in my organization/practice

12. Given the risk factors for Hepatitis C infection include receiving a blood transfusion before 1992, injecting drugs, having unprotected sex with multiple partners, having an STD, hemodialysis patients, and having a tattoo or body piercing - what percent of your patients would you estimate are at risk for Hepatitis C?

0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100% ☐ Unsure ☐

View of Hepatitis C

13. What do you think about the following statements:

- a. Knowledge of risk for Hepatitis C infection is beneficial for the patients I work with
Disagree ☐ Somewhat Disagree ☐ Somewhat Agree ☐ Agree ☐
- b. Individuals at risk for Hepatitis C should know their Hepatitis C status
Disagree ☐ Somewhat Disagree ☐ Somewhat Agree ☐ Agree ☐
- c. Individuals with Hepatitis C have limited options for treatment and disease management
Disagree ☐ Somewhat Disagree ☐ Somewhat Agree ☐ Agree ☐
- d. Hepatitis C testing is beneficial for the patients I work with
Disagree ☐ Somewhat Disagree ☐ Somewhat Agree ☐ Agree ☐
- e. Resources are needed to reduce or help cover costs associated with Hepatitis C Testing
Disagree ☐ Somewhat Disagree ☐ Somewhat Agree ☐ Agree ☐
- f. Hepatitis C testing and treatment is a priority in my organization/practice
Disagree ☐ Somewhat Disagree ☐ Somewhat Agree ☐ Agree ☐

Assistance with Hepatitis C Services

14. Which of the following would help you provide or improve Hepatitis C services?

(Check all that apply)

- ☐ Educational materials and handouts
- ☐ Training on Hepatitis C
- ☐ Community support for people with Hepatitis C
- ☐ Referral list of Hepatitis C services or medical providers
- ☐ Training and support regarding Hepatitis C testing
- ☐ Other _____
- ☐ Do not plan to provide or improve Hepatitis C services

Please Return this Survey by Mail or By Fax to...

**Lois Smith
Grant County Health District
P.O. Box 37
Ephrata, WA 98823
Phone: 509-754-6060
Fax: 509-754-0941**

By August 9

Thank you ☺